Periscope

ARCHIVES DE NEUROLOGIE

(Vol. 17, 1904, No. 97, January.)

1. Cerebral Tumor, with Abolition of Tendinous Reflexes. F. Raymond.
2. Contribution to the Study of Catatonic Dementia. W. A. Mouratoff.

1. *Cerebral Tumor.*—There exist, says the author, in even the best known and most "dug up" subjects, special and sometimes very important points, not as yet sufficiently brought into view and to which attention should be called. The case of the patient before us is a proof of this. The symptomatic picture is a speaking one. I may say at once it is a case of cerebral tumor. But we find besides in this patient some phenomena which the cerebral tumor does not suffice to explain. It is upon these phenomena, their clinical, pathogenic and anatomo-pathologic significance that I shall insist. The author sets forth in full detail the symptoms of the patient in the order of occurrence, and these he sums up as follows: Her affection began about three months ago with vertigo; soon appeared successively three important signs, headache, vomiting of cerebral type, diplopia. In the course of the two months past the ocular troubles have rapidly aggravated and ended in amaurosis, and at the same time there was established a total bilateral ophthalmoplegy; at the same time on the side of organs of sense came anosmy almost complete; as to the face, inferior right facial paralysis; as to the limbs, a generalized paresis, more clear in the region of the upper right limb, and lastly, hyperesthesia of the right half of the body. This tableau justifies fully the diagnosis of cerebral tumor. Indeed, that persistent headache, by day and by night, the ready vomiting, the vertigo show at once the direct irritation and disorganization of a nervous territory; and, above all, the diminution of the space in an inextensible cavity—the cranium box. These are signs of cerebral compression, and I find the sign manual of that compression, characterized by the increase of the pressure of the cephalo-rachidian liquid, in the results of the ophthalmoscopic examination, which shows the existence of a papillary stasis. The anosmy, if demonstrably recent, should be considered as a phenomenon of compression. It is more difficult to determine the seat and nature of this tumor. I think the signs point to a peduncular lesion and that a tumor solely suffices to explain the observed phenomena. As to the nature of this tumor, being granted the hereditary and personal tuberculous antecedents of the patient, I am not indisposed to believe that we have a large single tubercule, but here the greatest reserve is *de rigueur* (In a note it is here stated that the patient died. She had a sarcoma of the right inferior optic region, with compression of the corresponding cerebral peduncle and contiguous corpora quadrigemina tubercules.)

It appeared in the history that the patient was a young woman of the age of twenty-four, in the business of feather seller. Her mother died of pulmonary disease; from eight years of age she had hip joint disease, with arthritis of left knee. She was married at twenty; her husband soon after died of tuberculosis. After four years she remarried; was never pregnant. We thus have a triple suggestion of tuberculosis: hereditary, personal, the coxalgia, conjugal; exposed to contagion in caring for her first husband.

"I particularly underline for you as a very interesting clinical symptom the loss of tendinous reflexes, in the region of both interior and superior members. What is the signification? It cannot be tabes. I think I can demonstrate that this abolition of the reflexes arises from the cerebral tumor, and that it is due to the medullary compression which accompanies cerebral compression."

The author concludes by saying that the great "revelator symptom" is the at first diminution, then abolition of the rotulian and Achillean reflexes, and, besides, the reflexes of the superior members are quite often diminished. The state of the cutaneous reflexes appears to have little symptomatic value. We may observe at times some motor troubles; also the hand hesitates at times before seizing an object, but all these symptoms are very casual, and may in great part be due to modifications of cerebral tension. But the troubles of sensation are more accentuated, more directly imputable to lesions of posterior radices and cords. Thus patients may recognize pains coming on with veritable paroxysms in the lower members and also in the region of the nape of the neck, with irradiation along the arms without very constant topography. But the patients do not suffer, we are quite certain, as much as tabetics. Frequently we observe zones of hypoesthesia in all the modes of sensibility, predominant in the region of the superior members along the inner side of the forearm and the arms. It is to these phenomena that *medullary compression,* following cerebral tumors, is reduced in all the cases observed at Salpêtrière for three years past; never have we recognized, in spite of frequent and minutely careful studies, the existence of the pseudo-tabetic syndrome (sharp pains, ataxy, etc.), such as has been described in some observations, moreover, quite rare. When you meet, in the course of cerebral tumors (the word being taken in its general sense), the abolition of the *tendinous* reflexes on the side of paralyzed members, even of those which are not, do not allow yourselves to be impressed by this apparent anomaly—the exaggeration of these same reflexes, at least on the paralyzed side, being the rule—that will signify that the posterior cords are altered probably by the mechanism that I have explained to you. This authentication is very important in prognosis, for it implies an enormous exaggeration of the pressure of the cephalo-rachidian liquid, and indicates the gravity of the disorders caused by the tumor.

2. *Catatonic Dementia.*—The author discusses the question whether catatony is a morbid entity, or whether it is a clinical symptomo-complex, which enters into the most varied psychic troubles.

In 1874, Kahlbaum, basing himself upon twenty-six clinical investigations and seven autopsies, established a new morbid form, to which he gave the name of *catatony.* "Catatony," says K., "is a malady of the brain, with circular course, in which the psychic symptoms present consecutively a tableau of mania, of stupor, of mental confusion and of dementia. Yet, sometimes, one or another stage of psychic trouble may fail. Together with the psychic symptoms there exist also phenomena, motor troubles of a convulsive character." K. includes the following:

1. Habitual stereotypic poses.
2. Flexibilitas cerea; that is the prolonged keeping of one attitude of the body or of one extremity, such attitude artificially given to the patient (catalepsy).
3. Negativism: resistance to exterior excitation.
4. Verbigeration: pronunciation of single words, without connection or sense, or the repetition of a single word with an expression as if it were sensible speech.
5. Attonity: immobility for a longer or shorter time.

The opinions of the authors may be divided into three groups: Some of the authors do not regard the syndrome of K. as independent. They find that we meet it in divers psychic maladies, as a complication of one or another typical form of mental malady. A second set recognize the complete independence of catatony after the type of K. And the third, while admitting the independence of the form in question, give another interpretation to the symptoms and trace otherwise the cardinal symptoms. Kræpelin, in the last editions of his manual, agrees with K., and defines catatony as "particular states of excitation, passing into stupor, consecutive dementia, with confused deliriant ideas, sensorial illusions, phenomena of stereotypy and of suggestion in the acts and external conduct of the patients." Schüle defines pure catatony, in a grave form, as presenting essentially a primary dementia (often hebephrenic), or a degenerative psychosis, periodic circular, modified by catatonic phenomena. As to its etiology, Schüle especially insists upon the morbid heredity of catatonics. The author gives at length three observations: One of a young man of twenty-six, locksmith by trade; another of a gentleman of thirty-three, and the third of a young married woman of twenty-one, and discusses each case and then asks: What is the signification of catatony as a morbid entity? This question admits, he says, of different solutions, depending upon what basis we take in the division of maladies. The criterion of "independent form" assumes an importance relative to the degree of the scientific study of one or the other specialty. In general it is composed of:

1. A definite clinical tableau and with a typical and constant progress.
2. A definite anatomo-pathologic substratum.
3. A distinct etiology.

Concerning the etiology it is not yet definitely determined. Fehige finds a constant etiology in the auto-intoxication of the organism by the sexual products, under conditions of abstinence in men and likewise in women. The author says that there is no proof positive in favor of this opinion, and that against it are the following facts: 1. In women having regular menstruation there is no inhibition; 2. The greater number of catatonic men are obstinate onanists; 3. Catatony is far from appearing in all persons deprived of sexual functions; whilst the constancy of the development of the malady, in conditions of inhibition of toxic in the organism, is typic in all toxic cases. The author agrees with those who attribute catatony to a *degenerative soil.* In the first two observations the degenerative soil is, he says, indubitable. But, *per contra,* we still come to this conclusion, basing ourselves upon combinations of general character. In favor of this there is, first, the connection of catatony with the forms of hebephrenic dementia; second, the possibility of the remittent, and also, as facts show, of the periodic course of the malady. These particulars indicate that certain cardinal conditions provoke the malady in question. On the clinical side the enemies of the independence of catatony make two objections: 1. The existence of catatonic symptoms in other mental maladies; 2. The failure of organic connection in isolated catatonic phenomena. The first objection has little importance, for both symptoms depend upon the localization of the functional troubles and upon trouble of reciprocal activity in both centers. * * * The second objection is more grave. But then, does the catatonic symptom-complex present only an occasional coincidence? We think not. In the first two observations a certain group of troubles of the activity of voluntary innervation, expressing themselves without alteration in all psychomotor acts, disclose the determinative symptom.

In estimating the general results of different authors and of our personal observations, we are led to believe that there exists in the course of catatony a certain definite variation of symptoms, with constancy of one cardinal symptom and with a constant terminal issue. It is another question whether we may regard catatony as an independent nosologic group, or as a clinic form, which enters into another more vast group of maladies. As yet we are unable to give a definite response to this question. We must say that we ought to act with much prudence in laying down in psychiatry new independent nosologic groups, seeing the variance of commentaries upon clinic data, and seeing the indetermination of the nosology and etiology of psychic maladies. Outside of a quite moderate number of toxic forms, parainfectious and degenerative, we, in other cases, recognize only clinical complexes, determined and with determined course. In this point of view *catatony is a morbid entity.* The beginning, so to speak, of the nosological determination of catatony has already been given by K. himself, who associates it with "hebephreny," that is to say, with degenerative psychoses in adolescents, passing into dementia. Later, Kræpelin and Schüle associate, in a manner still more decided, catatony with the group of psychic degeneracies. In fine, it is very probable that this lesion, in its turn, basing itself upon its clinic type, may enter into a vast group of psychic degeneracies and present among them a morbid form, the clinical limits of which, recognized for the first time by Kahlbaum, ought to be submitted to a study and a development more detailed.

(A bibliography mentioning twenty-six authors is added; all but two in German; the two in French, by Popoff and Serbsscy.)

Richards (Amityville).

JOURNAL DE NEUROLOGIE

(Vol. 9, 1904, No. 1.)

1. Physiological Theory of Hysteria. P. Sollier.
2. Permanent Dysarthria in an Epileptic Child. O. Decroly.

1. *Physiological Theory of Hysteria.*—After briefly reviewing the psychological theory of hysteria of Janet, which he finds unsatisfactory, the author proceeds to expose his own physiological theory. He starts out with the statement that hysteria is a disease of the brain, probably of the cortex, in which he thinks everyone will agree. The postero-lateral part of the brain contains all the sensitivo-motor and sensorial centers, and in it the viscera are represented. While the functions of the anterior part of the brain are not well made out, there is reason to believe that in the frontal lobes are located the psychical processes, apperception and synthesis. This region is closely connected with the other parts of the brain by association tracts. Each impression, sensitive, sensorial-motor, or cenesthesic acting upon its proper center gives rise to a certain molecular state, to which corresponds a special dynamic condition which reacts upon the other centers. The combination of dynamic states of different centers produce in the brain a particular dynamic condition distinct for each movement for each successive grouping. These dynamic groupings constitute our personality. Each time the same dynamic state occurs in the anterior brain it will determine in the organic centers a state analogous to that which originally gave rise to it, hence revival of past conditions, particular or general, recrudescensce of a past personality. Suppose, now, there is an arrest of function, an inhibition of one or more centers, for instance, of a motor center? A stimulus coming from one of the higher or psychical centers no longer sets this motor center into action, hence there is paralysis. If the same process occur in a sensorial or visceral center there will be anesthesia, since an excitation coming from the periphery can no longer produce an effect, as it is halted in its passage to the psychical centers. Suppose again that a certain center is inhibited while its molecular condition corresponds to a certain sensation, a certain representation in the highest centers? This molecular state persisting, the representation corresponding to it remains equally persistent, hence the fixed idea. Lastly, suppose that part of the centers are inhibited while the rest continue to functionate? From the consciousness of the subject the action of the former will be excluded, and there will be in consequence alteration of personality—double consciousness. Suggestibility the author considers as

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a symptom due to lack of counteraction between different centers. Some centers being inhibited while the others are subjected to an excitation, there is no—or only feeble, reaction of opposition from the former centers, and no association of ideas of contrast or similitude is possible.. Hence there is no control, and the uninhibited centers act in a rapid and, as it were, a reflex manner. All these phenomena the author thinks are the effects of the cortical disturbance constituting hysteria, which he regards as a sort of partial sleep or benumbing of the brain. What he regards as the proofs of this he proceeds to bring forward. The appearance of hysterical patients, their somnolence, their revery, their somnambulism, their statements that they do not know whether they sleep or not, their change of aspect and activity when they are completely roused, and finally the presence of anesthesias, he considered as bringing strong support to the correctness of his theory. Having been struck by the persistent insomnia of hysterics, he concluded that they did not sleep normally, because they were constantly in a condition of pathological half sleep. To prove this he used two measures. (*a*). Waked them by a sudden excitation as if they were truly asleep. (*b*). Hypnotized them profoundly and interrogated them. He mentions here an experience of Charcot, who, taking an hysterical subject having total anesthesia and amnesia for the whole period of her life except the last five years, energetically enjoined on her several times to wake up, and by this succeeded in bringing on an attack (convulsive?), upon coming out of which she appeared to be transported backwards five years, remembered all her past life except the period of the last five years (insisted that she was thirty-two instead of thirty-seven years old), and showed hemianesthesia instead of complete anesthesia. Repeating the same experiments in similar cases the author succeeded in causing the same return to the personality of several years back, with similar modification of memory, sensation, etc. Carrying the experiment still further he rehypnotized the patients, and upon reawakening them he succeeded in reproducing the condition obtaining at the start. His methods he proceeds to detail, also answers objections to his theory. As to just what causes the cortical inhibition necessary to his view he is unable to say, but seems to lean to the idea of some sort of intoxication, possibly in some cases by carbonic acid.

2. *Permanent Dysarthria in an Epileptic Child.*—History of a case of epilepsy supervening after pertussis in a child four years old, which presented a peculiar chopped off stammering and hesitating speech, not unlike that observed in general paresis. Amelioration of the general condition of the patient under bromides, iodides and mercury. The author thinks that the point of departure of the cortical irritation producing the fits may be in the language area, and on account of the improvement under mercury and KI. that a syphilitic origin is possible.

(Vol. 9, 1904, No. 2.)

1. An Unusual Case of Facial Paralysis. A. BIENFAIT.
2. Observations on Manic Depressive Insanity. M. THOMPSON.

1. *An Unusual Case of Facial Paralysis.*—A case of paralysis affecting the three branches of the right facial nerve, accompanied by vertigo, ear noises and deafness on the same side, also with slight mydriasis of the pupil and a prominence of the right eye. Careful examination showed no middle ear disease. Analysing the symptoms the author concludes that the seventh and eighth nerves must have been affected by a lesion along their common tract, either within or without the auditory canal. The mydriasis and slight exophthalmus, he explains by reflex affection of the third and tenth nerves.

2. *Manic Depressive Insanity.*—By manic depressive insanity the author understands any case of functional psychosis where depression and ex-

altation are confused in an attack of a certain duration, which repeats itself several times during the life of the patient. Between the attacks there is a period during which the symptoms disappear more or less completely. Kraepelin, while recognizing a simple melancholia at the age of involution, regards both mania and melancholia occurring in young persons as episodic only, and a phase of manic depressive insanity. With regard to mania the author agrees with him, but does not doubt the existence of a simple periodic melancholia (though rare), and gives the history of a case to prove it. Does a case showing a phase of excitement followed by one of depression, or vice versa, belong always to manic depressive insanity, or may such a manifestation occur only once in a patient's lifetime and merit the name of idiopathic double form insanity? Kraepelin thinks it always a phase of manic depressive insanity, though the interval between attacks may extend over a number of years. The author disagrees with this conclusion, and gives sketches of two cases, one of which has remained well for four. the other, for nine years after a single attack. To the question if it is possible to differentiate a case of manic depressive insanity from dementia præcox during the first attack, he replies not always. To assist in such differentiation he gives the characteristics of the stupor of manic depressive insanity on the one hand, and of katatonia on the other. He states that in the first, conception, course of thought and orientation are affected, while in katatonia, the moral reaction, facility of acting and coherence of phrases are disordered.

(Vol. 9, 1904, No. 3.)

1. Cephalic Tetanus with Facial Diplegia. DR. BOUCHARD. L
2. A Constant Palpebral Phenomenon in Facial Paralysis. DUPHY-DUTEMPS and R. CESTAN.
3. Prolonged Pupillary Reaction to Toxics as a Precocious Sign of General Paresis. E. TOULOUSE and C. VURPAS.
4. Lesions of the Eye Ground in General Paralysis. P. RAVIART and P. CAUDRON.

1. *Cephalic Tetanus with Facial Diplegia.*—The case of a man thirty-six years old, an epileptic, who falling in a fit in the garden, sustained a wound involving the whole length of the bridge of his nose. Although this wound was treated antiseptically and healed kindly, six days later there developed trismus with facial paralysis complete on both sides. The patient could at first swallow small quantities of liquids, later nothing at all. In spite of injections of antitetanic serum death occurred in an access of dyspnea on the morning of the sixth day of the attack.

2. *A Constant Palpebral Phenomenon in Facial Paralysis*—If a patient with paralysis of the facial nerve is requested to look down, for instance, at the examiner's finger, both upper lids move downward with the eye, that on the paralyzed side to a less extent than the other. If now the patient is told to close his eyes firmly, upon his making the attempt, the lids on the sound side are pressed tightly together, the upper lid on the paralyzed side, however, is dragged upward with the eyeball, leaves a gaping palpebral fissure in which the sclerotic alone is visible, and there is slight creasing of the lid just above the tarsal cartilage. This the authors have tested in fifteen cases of peripheral facial paralysis, and find always present. They explain it readily by the anatomical fact that the lids are closely connected by an aponeurotic structure with the superior and inferior recti muscles of the eye. The orbicularis being paralyzed its action as an antagonist is wanting, and the lid follows the pull of the superior rectus, the eye naturally rotating upwards on energetic closure of the lids.

3. *Prolonged Pupillary Reaction to Toxics as a Precocious Sign of General Paresis.*—Toulouse and Vurpas, trying the effect upon the eye of solutions of the strength of 1 to 10,000 of atropine and of eserine, found

that in practice the mydriasis, or myosis, as the case might be, was much prolonged—from two and one-half to three times—over that observed in other persons. They attribute this phenomenon to diminished inhibition of the action of the iris muscle, owing to disease of the cerebral cortex, and think that this muscle may show deranged function long before the ordinary voluntary or striped muscles.

4. *Lesions of the Eye Ground in General Paralysis.*—Referring to a former paper prepared with Dr. Keraval, the authors state the results of reëxamination of twenty-three of their earlier series of fifty-one cases still remaining alive. Of these the ones in whom the paresis had progressed little, or not at all, remained in practically the same condition, while in those in whom the disease had progressed the eye ground changes were also more pronounced. Of a new series of forty-four paretics all but six showed more or less marked changes in the papilla. These changes varied from slight pallor to extreme whitness or gray whiteness. In five cases they were able to make microscopical examinations of the eye. In these the retina showed marked increase of the connective tissue and neuroglia elements, the more marked the greater the atrophy.

Allen (Trenton.)

ALLGEMEINE ZEITSCHRIFT FUER PSYCHIATRIE

(Vol. 61, 1904, Pts. 1 and 2.)

1. A Casuistic Contribution to Imbecility. Dr. Ganhor.
2. Maniacal Uneasiness (Verstimmung). C. G. Jung.
3. A Case of Episodic Katatonia in Paranoia. E. von Grabe.
4. Torture and Insanity. Dr. Monkmoller.
5. Moral Insanity. H. Schulze.
6. The Etiology of Simple Idiocy Compared with that of Infantile Cerebral Palsy. W. Koenig.
7. Dining Rooms in Public Asylums. Dr. Ludwig.

1. *A Casuistic Contribution to Imbecility.*—History of a case of imbecility showing such defect in the moral sphere as might suggest the diagnosis of moral insanity and of some interest from a medico-legal standpoint.

2. *On Maniacal Uneasiness.* By this the author understands a condition of unadaptability to surroundings, emotivity and restlessness, often with defect in ethical feeling and with periods of submaniacal excitement, increased ideation and motor unrest. These cases usually develop in persons of neurotic heredity, and are often complicated by alcoholism, and account for cravings of stimulants on the part of the patient. He gives histories of four cases of this character, and comes to the following conclusions:—

(1) Maniacal uneasiness is a diseased state belonging to psychopathic inferiority, which is characterized by a stabile submanic symptom-complex.

(2) Exacerbations of uncertain periodicity occur.

(3) Alcoholism, criminality, moral insanity and social disability or impossibility are symptoms of this submanic condition.

3. *A Case of Episodic Katatonia in Paranoia*.—The author relates the case of a female thirty-eight years old, in whom, since the age of thirty-four years, symptoms strongly characteristic of paranoia of the persecutory form had been recognized, and who after having been in the hospital for three years developed the katatonic symptom-complex, which after having persisted for four or five months gradually gave place to the former delusional condition. Discussing the features of this case he concludes that the delusions were too well systematized, and the history too characteristic for it to be considered as one of the paranoid form of dementia præcox, and that the katatonic symptoms must be looked upon as being only an

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episode in a case of true paranoia.

4. *Torture and Insanity.*—In a long article the author traces the working of the legally constituted examination under torture of persons accused of crime during the late middle age and renaissance periods, devoting special attention to the criminal procedure "Karolina" of Charles V. He shows that while the mentally unsound were nominally protected from torture, in practice the symptoms of mental disease were apt to be unrecognized or disregarded, and little or no account taken of the effect of suffering in producing sudden mental unbalance, the matter depending in the main upon the humanity and natural sense of the judge. In persons accused of witchcraft especially, popular fury and superstition caused even the usual safeguards to be set aside, and the most ordinary mental and nervous symptoms, such as hallucinations and illusions, convulsions, areas of anesthesia, etc., were seized upon as proof positive of demoniacal possession or influence.

5. *On Moral Insanity.*—A consideration of this subject from a philosophical and metaphysico-psychological point of view, which contributes little to the practical side of the matter, and does not readily lend itself to abstraction.

6. *Etiology of Simple Idiocy Compared with that of Infantile Cerebral Palsy.*—In a former paper the author has shown that there exists an unbroken chain of cases between infantile cerebral palsy with normal mental condition on the one hand and simple idiocy on the other. That the etiological factors in these two groups of cases are largely identical, the present article is intended to demonstrate. With regard to cerebral palsy the views expressed in the former article were as follows:

1. "We know only three certain etiological factors in the production of infantile cerebral palsy." (*a*) difficult or asphyctic birth; (*b*) trauma to the head; (*c*) the infectious diseases.
2. All other factors are to be considered as predisposing or contributing causes.

Any of the factors given under 1 may act also as predisposing rather than exciting causes. Outlines of anamneses in 260 carefully investigated cases of idiocy are given. These, upon analysis, furnish the following figures, compared with those for cerebral palsy in tabular form:—

ETIOLOGICAL FACTORS.	CEREBRAL PALSY.	IDIOCY.
	PER CENT.	PER CENT.
1. Insanity or nervous diseases in the ancestry	(about) 28.5	32
2. Phythisis in the ancestry	(about) 14.4	(about) 13.8
3. Father strongly alcoholic	23	" 15
4. Psychic trauma to mother in pregnancy	23	" 12.5
5. Somatic trauma to mother in pregnancy	(about) 2.9	" 3
6. Parents blood relations	1.4	" 1.1
7. First labor	27.1	" 17.6
8. Premature labor	10	3.8
9. Illegitimacy	10	6.5
10. Child delicate from birth	15.7	10
11. Child born late in life, or last of a large family	10	16.9
12. Insanity or nervous disease in other children of the family	7.1	30.7
13. Tuberculosis or scrofula in brothers or sisters	5.7	2.3

ETIOLOGICAL FACTORS.	CEREBRAL PALSY.	IDIOCY.
	PER CENT.	PER CENT.
14. Death of other children of the family in early life or abortions more or less certain	35.7 (about)	16.8
15. Difficult labor or asphyxia	11.4 (14?)	10
16. Trauma	5.7	2.6 (2.5?)
17. Infectious diseases	7.1	3.4 (2.3?)
18. Syphilis	4 sure	6.5 sure
	3 probable	4.2 very prob.
	7	10.7

7. *Dining Rooms in Public Asylums.*—A statement of the advantages, especially in the line of suggestion whereby the patients' appetites are improved, together with increased comfort and cleanliness, of dining rooms separated from the wards in public asylums, with a plea for the general adoption of the same. ALLEN (Trenton.)

(Vol. 61, 1904, No. 3.)

1. An Unusual Course in Katatonia. W. FUCHS.
2. The Pavilion for the Criminal Insane at Düren. DR. FLUGGE.
3. The Value of the So-called "Curve Psychiatry." P. NAECKE.
4. A Case of Traumatic Psychosis. J. WENDE.
5. Pregnancy and Theft. M. FISCHER.
6. The Study of Heredity in Neuropathology. W. STROHMAYER.
7. State Care of the Feeble-minded in Saxony.

1. *An Unusual Course in Katatonia.*—History of a case which after an acute attack with katatonic symptoms, during ten years presented a typical picture of paranoia with systematized delusions of grandeur and of persecution, and with little or no mental weakness. A new exacerbation with hallucinations, illusions and typical katatonic symptoms then occurred. This lasted for six months, after which the patient became quieter, but his mental condition did not clear up, and he ran down physically and died. The autopsy is reported to have shown nothing characteristic.

2. *Pavilion for the Criminal Insane.*—Description of the author's experiences on caring for the criminal insane at the Düren Asylum, in a building specially erected for this class. Of the cases under his care, forty-seven were "simple mental disturbances," one of general paresis, two of epilepsy, fourteen of imbecility, two were found to be not insane, and in one the question as to simulation was not decided. The forty-seven simple cases were divided between dementia præcox, periodical insanity and paranoia The building was soon found to be unsuitable, and had to be altered and strengthened, on which account the patients had to be temporarily returned to the parent institution. Many of them, the author observed, to do much better when distributed among the non-criminal classes, and, on the whole, he does not seem to have found the segregation of the criminals very successful, although after a rearrangement of the service, of which he gives the details, there was an improvement in this regard.

3. *Value of "Curve Psychiatry."*—In 1901, at a meeting of the German Society of Alienists, Sommer read a paper on the results of the three dimensional analysis of motor disturbances in nervous and mental diseases. In the discussion Fürstner spoke disparagingly of the so-called "curve psychiatry," which found no defenders among those present. What is meant by "curve psychiatry"? The author understands by it everything in psychiatry which lends itself to expression in numbers and curves, so

reaching the highest degree of exactitude. It is not a new kind of psychiatry, but only a rational and intensive method of applying statistics gained by methods, both old and new, whose value should be neither over nor underestimated. In order to secure the necessary groundwork at the start an agreement as to a general conception of insanity is essential, and an attempt to secure some sort of normal standards should be made. While the author considers that the work of Wernicke exhibits great genius in the psychological explanation of mental symptoms, he finds his classification unsatisfactory, and considers that of Kraepelin the more rational and practical, at least for the present. Taking up the subjects to be investigated, one by one, he first considers heredity and atavism, and urges that greater care be observed, to the end that a *post hoc propter hoc* sort of reasoning be avoided. Similar care is necessary in the consideration of the other etiological factors. Coming to morbid psychical manifestations, graphical presentation of the disturbances of perception and conception, of the emotional sphere, and of will and actions are necessary, and here clear-cut definitions are much needed. To this end psychological experimental methods need to be simplified and improved. Could this be done, the author thinks that the majority of the insane will be amenable to such methods of research. The study of the psychology of the individual is here of the greatest importance in order to determine the physiological width of the normal. The affective life presents the fundamental side of the psyche, since actions, both normal and pathological, depend in the greatest degree upon it. Its study, however, is of the greatest difficulty, and presents the most important future task of experimental psychology, normal and pathological. Already we can give rudimentary expression, by numbers and curves, to some elemental manifestations, such as association, and we have a right to expect an enlargement of knowledge in this direction in the future. The study of judgment and conclusion formation, presents more difficulties, and these difficulties are yet greater in the case of imagination and ethical feeling, for which so far nearly all orientation points are lacking. To say the least, however, the experimental method has furnished us so far much information about the psychical sphere, and we can reasonably expect by its extension to learn more. Hence we see that "curve psychiatry" appears, in fact, to be destined to play an important rôle, and to furnish the framework for the whole edifice which we seek to construct. The psychological experimental method is not, however, to be utilized alone, but is to be combined with other methods, anatomical, chemical and bacteriological, all of which have in common an exactitude which can be expressed in figures and curves, hence in the broad sense are included in the term "curve psychiatry."

4. *Traumatic Psychosis.*—History of the case of a man thirty-three years of age, who, in consequence of a fall on the head from a height of about seven feet, developed progressive dementia with hysteriform manifestations, and finally the Ganser symptom complex. Careful inquiry showed that until the injury the man had been mentally entirely normal, had no hereditary predisposition to nervous or mental disease, and was neither syphilitic nor alcoholic. Hence the author thinks the trauma the sole etiological factor in the case.

5. *Pregnancy and Theft.*—An interesting description of the case of a woman of twenty-nine years of age and of strong nervous heredity, but honest, sensible, and well behaved, except that during her pregnancies she was always restless, nervous and subject to uncontrollable outbursts of rage. During her fifth pregnancy she suddenly left home one day, and going to a neighboring town, with some poultry for sale, stole from a hotel twenty-two spoons, from a shop certain articles of clothing, from another shop three dressed chickens, and from a military casino twenty-two napkins and two table cloths. Although she gathered in these articles while

unobserved, in each case during a visit on legitimate business, and tucked them away in her basket, she made no attempt to conceal this basket, said that she had at the time no sense of remorse, and when arrested and charged with the thefts freely confessed. She then realized her position and became much distressed over the disgrace and her separation from her husband and family. Sent to the Ilenau Asylum for observation as to her sanity, she was orderly, well behaved, and showed no mental abnormality, though naturally depressed on account of her position, which she now keenly realized. Considering all the points in the case, the author thought it an instance of the "longings" and uncontrollable impulses sometimes observed in pregnancy, and pronounced her in the broad sense irresponsible. He ends his paper with a discussion of the medico-legal bearings of the case.

6. *Heredity in Neuropathology.*—A consideration of the difficulties of the study of heredity, and a warning against falling into the *post hoc propter hoc* argument. The author concludes that what is needed is: 1. Psychiatric study of the ancestral tree, which takes into consideration the mental condition of all the direct ascendants through a number of generations. 2. Suited to this method of research seems only a small, little fluctuating community. 3. As sources of information the admission-books of the asylum, the church register, the directory, and last, but not least, the case book of the family physician, are to be utilized.

7. *Care of the Feeble-minded in Saxony.*—An outline of the conditions of admission, general management and cost of keeping feeble-minded children at the Grosshennersdorf Asylum.

Allen (Trenton.)

(Vol. 61, 1904, No. 4)

1. The Stutterer Before the Law. A. Hegar.
2. Tuberculosis and Asylums. F. Geist.
3. Some Rare Conditions in General Paresis. K. Abraham.
4. Acute Mental Disturbances after Brain Concussion. M. Reichard.
5. Certificates as to the Mental Condition of Suicides. W. Weygandt.
6. State Care of the Feeble-minded in Saxony. Dr. Meltzer.

1. *The Stutterer Before the Law.*—An account of a criminal process in which the defendant was a stuttering soldier of subnormal mental development, with remarks upon the mental condition of stutterers and the precautions which should be taken to insure that justice be done them when they have to appear before the law.

2. *Tuberculosis and Asylums.*—The author presents a statistical study based upon the autopsy records of the Zschadrass Asylum during nine years from July, 1894 to July, 1903. The anatomical being preferred to the clinical method on account of its superior reliability. Of 1,471 persons admitted during the period under consideration, twenty-seven (or 1.08 per cent.) died of tuberculosis. Considering the yearly average, however, the percentage drops to 0.65. In a total of 269 deaths—number of autopsies not stated—tubercular lesions, active or healed, were found in ninety cases. The author gives a number of tables illustrating the location of lesions, time in asylum, form of mental disease, whether male or female, etc. Lesions of the lungs, of course, vastly preponderated, while it seems somewhat remarkable that no case of primary tuberculosis of the gastro-intestinal tract was found. The author is fully convinced of the necessity for segregating the tuberculous insane, and of selecting to care for them attendants in whom any special predisposition to the disease is excluded, but since in a small institution the number of tuberculous patients present at any one time is limited, he suggests that all those of a district be collected in a special pavilion at one of the larger asylums.

3. *Rare Conditions in General Paresis.*—The author describes four

cases of general paresis from the Dalldorf asylum, which presented respectively the clinical pictures of apraxia, transcortical sensory aphasia, subcortical sensory aphasia and sensori-motor asymbolism. As he rightly remarks, the difficulty of properly examining such patients is considerable, and has acted as a deterrent. His article, however, is valuable in showing what can be learned by careful psychological examination even when the patient superficially observed appears quite demented, and it seems likely that if such examinations were constantly made important information could be gained. In all except the last case the symptoms occurred after paretic seizures, and tended to improve as the effects of such seizures wore off. The author's detailed record of the examination of his cases presents much of interest, but lack of space does not permit its reproduction here.

4. *Acute Mental Disturbances After Brain Concussion.*—In the estimation of mental disturbances coming on after head injuries, it is necessary in the first place to eliminate other etiological factors, such as alcohol, syphilis and preëxisting mental disease; also it is well to decide between what limits the inquiry is to be confined. (For instance, in the broad sense, idiocy resulting from birth injury might be considered as a traumatic mental disturbance). The author limits his consideration to cases in which the clinical diagnosis of concussion of the brain seemed justified, excluding fractures of the skull and gross cerebral lesions. Of the symptoms which have been observed to follow brain concussion the following are the most constant: 1. Transitory or permanent intelligence defects, especially of memory. 2. Apart from fatally ending coma, acute psychosis, or delirium, aphasic or asymbolic conditions, ending either in recovery or in permanent dementia. 3. Alteration of character, as irritability, quick temper, mental weakness and intolerance for alcohol, which may progress to dementia. 4. Dementia. In order if possible to assist in constructing a clinical picture, the author gives an analysis of seven cases, four from literature and three personally observed, all but one of which ended in recovery. All occurred immediately following an injury in persons previously of entirely sound mind. The psychoses developed after a delirious or somnolent stage, lasted up to five weeks, and dependent upon the seat of the brain contusion, presented different symptoms. According as the cortical centers or the association fibres were affected there were disturbances of apperception, of primary and secondary identification (as cortical sensory aphasia, disorientation for place, mind-blindness and asymbolism), in some instances giving a picture similar to the Korsakow symptom-complex. Where a number of combined focal lesions could be suspected a more complicated clinical picture, with temporary loss of the greater part of the memory pictures, conceptions and abilities was presented. Of defects of memory, disturbance of ability to grasp and retain impressions ("merkfähigkeit") and retrograde amnesia—the latter often permanent—were most frequently noticed. Hallucinations and strong affects were only observed in one case, though they have been described in the cases of other authors. A striking symptom is the lack of judgment and of appreciation of his condition upon the part of the patient. In these acute conditions the author thinks we have a right to conclude that there are focal lesions more or less diffused, which, however, in many cases, are capable of repair though sometimes with defect. Hence while the prognosis is not necessarily bad, caution should be used in its enunciation.

5. *Mental Condition of Suicides.*—Discussion of the medico-legal points involved in a case where a statement as to the mental condition of a suicide was wanted.

6. *Care of the Feeble-minded in Saxony.*—Continuation from the preceding number of a description of the working of the Grosshennersdorf institution. A statement of the pedagogical methods employed.

Allen (Trenton.)

AMERICAN JOURNAL OF INSANITY

(Vol. 60, 1904, No. 4, April.)

1. The Development of Insanity with Regard to Civilization. Robert Jones.
2. The Blood in Epilepsy. F. Savary Pearce and L. N. Boston.
3. Was He a Paranoiac? C. A. Drew.
4. Treatment of the Morphine Habit by Hyoscine. J. M. Buchanan.
5. Status Epilepticus. L. P. Clark and T. P. Prout.
6. Some Metabolism Studies. Otto Folin.
7. The Chemical Findings in the Cerebro-spinal Fluid and Central Nervous System in Various Mental Diseases. Isador H. Coriat.
8. Report of a Second Case of Dementia Præcox with Autopsy. W. R. Dunton.
9. A Case of Chorea Insaniens with Report of Autopsy. Isabel A. Bradley.
10. Intracranial Psammoma without Paralysis. W. D. Berry.

1. *Development of Insanity with Regard to Civilization.*—A consideration of the bearing upon the production of insanity of the modern conditions of life. The subjects specially considered are the degenerative effect of the tendency of populations to leave the soil and to crowd together in cities, and the increase of overwork and anxiety on the one hand, and of self-indulgence on the other, with their resultant influence in the production of the various fads, social and political, by which the forms of insanity are so apt to be colored. The author finds noteworthy the increase of general paresis and dementia præcox. His views are drawn from English conditions and seem decidedly pessimistic.

2. *The Blood in Epilepsy.*—The hemoglobin and corpuscles were studied in seven cases of idiopathic epilepsy with the result that the hemoglobin was found deficient, and in all but one there was moderate leucocytosis. In several rabbits careful blood counts were made during a period of laboratory sojourn, after which they received intraperitoneal injections, both of ordinary and of defibrinated blood from two more epileptics, Cases VIII. and IX. In the rabbits injected with blood from Case VIII. there occurred toxemic symptoms with increase in red corpuscles, and in hemoglobin and great increase of leucocytes. There was no difference in the effect of defibrinated and of non-defibrinated blood. In the rabbits injected from Case IX., which seems to have been altogether a more severe one than Case VIII., and died in a convulsion, there was even more marked toxemia, with rise in hemoglobin and red corpuscles, and enormous increase in leucocytes. This increase was specially marked in the eosinophiles, and occurred within twenty-four hours after the injection. The authors note specially the fact that this eosinophilia was equal to that found in parasitic diseases, as trichinosis and filiariasis, and suggest the necessity for more careful observations as to the possible relation between epilepsy and parasitic infections.

3. *Was He a Paranoiac?*—The history of the case of an insane criminal, presenting some interesting medico-legal points. Although originally diagnosed as paranoia querulans, the author, after careful investigation, thinks the condition one of orignal defect, and that the abnormality is best covered by the phrase, "constitutional inferiority with moral perversion."

4. *Hyoscine Treatment of the Morphine Habit.*—After a trial of the methors of rapid and slow withdrawal the author recommends the following as a decided improvement: The patient is, if possible, kept under observation for a few days, and the morphine and cocaine reduced to the lowest comfortable dose. The night before beginning the hyoscine treatment, he is given six-eighths grains of calomel with some vegetable cathartic, followed by a saline the next morning. He gets his usual morn-

ing dose of morphine, but that afternoon the administration of hyoscine hydrobromate hypodermically is begun, and is continued in doses of gr. 1-200 to gr. 1-100 every two or three hours. He must be kept under the influence of the hyoscine continuously for thirty-six to forty hours, and is to be watched all the time by a special nurse. There is usually mild delirium during this period, but the author has rarely seen alarming symptoms. If the heart's action becomes irregular or weak strychnine is to be exhibited with some morphine or codeine if needed for diarrhea, etc. An occasional dose of trional, chloral, or sodium bromide, may be needed for sleeplessness. As a rule, however, the hyoscine produces sedation, and the patient does not ask for morphine. By the end of forty-eight or seventy-two hours the craving for morphine is usually gone, and under tonic and restorative treatment the cure is completed.

5. *Status Epilepticus.*—Will be abstracted when completed.

6. *Some Metabolism Studies.*—Will be abstracted when completed.

7. *Chemical Findings in Various Mental Diseases.*—After a short reference to the literature of the subject the author reports the results of his analyses of cerebro-spinal fluid in twenty-nine cases. The fluid was obtained by lumbar puncture, after death in most of the cases. The autopsy findings are also given. Of the twenty-nine cases fifteen were of general paresis. The points specially noted were the amount of fluid obtained, specific gravity, reaction, freezing point, and the presence of proteids, sodium chloride, lactic acid, reducing substances, urea and cholin. Upon the presence and quantity of cholin, the author lays particular stress, as he considers it characteristic of nerve degeneration. It was absent in only four of the twenty-nine cases. His analyses are given both in detail and in tabular form, and while a valuable contribution to the subject space does not permit their reproduction here.

8. *Case of Dementia Præcox.*—The author gives the clinical history and autopsy findings in a second case of this disease, a former one having been reported in 1903. The patient was a woman in whom the mental symptoms began at the age of thirty-seven years, and who died from marasmus and pneumonia at the age of forty-three. The clinical symptoms were sufficiently characteristic to justify the diagnosis of dementia præcox. The autopsy was very complete, and its findings are given in detail. Changes were found in various organs, but were not characteristic of the disease. In the nervous system the meninges showed chronic cell proliferation. Cell preparations were made from a number of regions of the cerebral, from the cerebellar cortex and from the cord. These showed increased pigment deposit, chromatolysis, generally central, atrophy and displacement of nuclei, with slight increase of glia nuclei about the cells. The results of the Weigert-Pal stain seemed to show that the tangential fibers were decreased in number. The author did not secure sufficiently satisfactory neuroglia preparations to decide as to whether there was increase or decrease of neuroglia fibers. He noticed some peculiar staining phenomena, which he was unable to explain, and cannot positively say were not due to some fault of technique. From his findings, and those of other investigators, the author thinks that in dementia præcox we have a degenerative psychosis probably of autotoxic origin.

9. *Case of Chorea Insaniens.*—The case of a young woman, nineteen years old, of nervous heredity, physically run down, recently married, and pregnant, who developed delusions of persecution, hysterical phenomena, choreic movements, incoherence, delirium and coma, and died forty-three hours after admission. The autopsy showed edema of the brain, advanced degeneration of the cortical nerve cells, vegetations on the mitral valve, congested hemolymph glands, arterial hypoplasia, persistent thymus and hyperplasia of the mesenteric lymph glands. The authoress thinks this case presents an instance of the lymphatic constitution described by Ohl-

macher, and that the clinical symptoms were probably due to an auto-intoxication resulting from disordered metabolism.

10. *Intracranial Psammoma without Paralysis.*—The author reports a case of tumor of this character, found in a woman seventy-four years old, who showed the clinical picture of senile dementia, and in whom no paralysis or focal symptoms were observed, though the tumor, about the size of an apple, impinged upon the right frontal and paracentral regions, crowded down the corpus callosum and its convolution, and pressed upon the internal capsule. The tumor structure is illustrated by some excellent photomicrographs. ALLEN (Trenton.)

NEUROLOGISCHES CENTRALBLATT

(Vol. 22, 1903, No. 23, December 1.)

1. Concerning the Reflex Iridoplegia and the Marginal Reflex of the Pupil. L. BACH.
2. Concerning the Different Biologic Value of the Posterior Roots and the Sensory Peripheral Nerves. G. KÖSTER.
3. A Contribution to the Pathology of Amnesic Aphasia. F. JUENSEL.
4. A Study of the Skin Reflexes of the Lower Extremity, in Particular the Babinski Reflex. S. GOLDFLAM.

1. *Reflex Iridoplegia.*—In this extremely important paper Bach calls attention to what is meant by reflex iridoplegia. It is according to most authors a reaction of the pupil to accommodation and not to light. The centers for the pupillary reflex have been placed either in the anterior corpora quadrigemina or in or near the oculomotor nucleus. The author experimented with lower animals, and comes to the conclusion that the center is either in the uppermost part of the spinal cord, or in the spinal portion of the floor of the fourth ventricle, or in the tracts leading to this part. Unilateral stimulation always produced unilateral myosis and a rigid pupil. The author explains the myosis by the stronger action of the sphincters overpowering the pupillary dilators when the center is at rest. Bach also studied one case where Haab's marginal reflex was present. This reflex consists in a narrowing of the pupil when it is directed on a light.

2. *Biological Value of the Posterior Roots.*—The author cut the peripheral nerves near and far away from their foramen, and studied the changes in the cells of the posterior ganglia. His results in the main agree with that of other authors; the cell changes are demonstrated. More interesting, however, are his experiments in cutting the posterior roots. The animals were killed from five to three hundred and thirty days after the operation. No changes were found in the nerve cells of the ganglia for the first eighty days, after which there could be detected a slight chromatolysis and displacement of the nucleus. In three months atrophic changes were detected, and from this time on there was a gradual atrophy of the cells. No vacuoles could be detected. There was also an intense pigmentation of the affected cells. Retrograde degeneration by the Marchi method of the posterior roots was found.

3. *Amnesic Aphasia.*—Juensel discusses the various phases of amnesic aphasia. The clinical and pathological report of his case will appear in a later paper.

4. *The Skin Reflexes.*—Continued article.

(Vol. 22, 1903, No. 24, December 16.)

1. A Study of the Skin Reflexes of the Lower Extremity, in Particular the Babinski Reflex. S. GOLDFLAM.

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1. *Babinski Reflex.*—Goldflam in an extensive study of the skin reflexes of the lower extremity, especially of the Babinski reflex, agrees in

his results with that of other investigators. A pseudo ankle clonus was obtained in a hysterical patient, but not a Babinski sign. In cases of extreme spasticity and contracture this sign is sometimes not obtained. The author has seen the Babinski phenomenon directly after an apoplectic insult. In paralysis agitans it is sometimes present. In cases of transverse lesion of the cervical and dorsal cords the Babinski sign is present when the tendon reflexes are absent; but this sign was not obtained when the lumbar and sacral cords were destroyed. Goldflam agrees with Munk that there are two kinds of skin reflexes, those dependent on a cortical and those on spinal cord centers. He comes to the following conclusion: The first is the cortical reflex, which consists in the normal flexion of the toes, depends upon the integrity of the reflex arc, viz.: peripheral nerve, posterior root, posterior columns, nuclei of the posterior columns, sensory crossing, median fillet, parietal lobe, constituting the cortical leg center; from here the impulse is transmitted centrifugally through the pyramidal tracts to the ganglion cells of the anterior horns of the second sacral segment, to the anterior root, and finally to the muscle. If there is an interruption in this arc the impulse is not transmitted to the cortex, but by means of the collaterals to the ganglion cells of the spinal center, namely, to the extensor hallucis longus in the fifth lumbar segment. This constitutes the spinal plantar reflex.

(Vol. 23, 1904, No. 1, January 2.)

1. A Contribution to the Knowledge of Hemianopic Pupillary Rigidity. R. FRIEDLAENDER and KEMPNER.
2. The Genesis of Certain Symptoms in Katatonic Conditions. W. ALTER.
3. Concerning the Corneo Mandibular Reflex F. V. SÖLDER.
4. A Reflex of the Face. A. FUCHS.
5. A New Spino Muscular Phenomenon in Normal Persons. D. J. McCARTHY.

1. *Hemianopic Pupillary Rigidity.*—The authors have invented a new instrument by means of which light can be successfully thrown on any small part of the retina. They record a case of basal syphilitic meningitis, where there were symptoms of left-sided hemiplegia, left-sided atrophy and weakness of the tongue, difficulty in swallowing, bilateral optic atrophy, left-sided hemianopsia and pupillary rigidity. It is important as in this case to differentiate between a cortical and a basal lesion.

3. *The Corneo Mandibular Reflex.*—Reply to J. Kaplan. Von Sölder replies to Kaplan's criticism of the corneo mandibular reflex, and defends his position.

4. *A Facial Reflex.*—The author describes a new reflex which consists in a movement of the zygomatic and quadratus labii superioris, obtained by pressing the eye ball of the same side. It is obtained normally in half of the cases examined, and was increased in two cases of tetany.

5. *New Reflex.*—McCarthy describes a new muscular phenomena, which is obtained by tapping the second and third lumbar vertebræ, the person lying on the abdomen. A contraction of the semi-membranosis and semi-tendinosus is obtained. The author considers it analogous to the Babinski reflex, that is, a reversed contraction from the flexor to the extensor muscles.

(Vol. 23, 1904, No. 2, January.)

1. A Case of Psychosis as a Result of Multiple Brain Tumors. F. HOPPE.
2. Skin Emphysema Following an Epileptic Attack. DR. RANSOHOFF.
3. Remarks Concerning the Work of Bielschowsky; the Histology of Multiple Sclerosis. A. STRAÜHUBER.
4. The Unmyelinated Fibers in Multiple Sclerosis. A Reply to Straühuber. W. BIELSCHOWSKY.

1. *Psychosis in Brain Tumors.*—The author reports a case of multiple carcinomata of the brain, where the patient presented a psychosis similar to the condition seen in katatonic stupor.

2. *Skin Emphysema in Epileptic Attack.*—The author reports a case of epilepsy where after an attack one side of the face became gradually swollen. There was also some pain in swallowing. He attributes it to a rupture of the tracheal membranes.

3 and 4. *Multiple Sclerosis.*—The author criticizes Bielschowsky's conclusions in regard to the method the latter devised, the silver impregnation method, by which he showed the axis cylinder processes in the sclerosed areas of multiple sclerosis. Straühuber calls attention to his own work by the anilin blue method, and considers that these unmyelinated fibers are efforts at regeneration. Bielschowsky replies and defends his findings, criticising the methods employed in staining, and gives further evidence supporting his views. WEISENBURG.

CENTRALBLATT FUER NERVENHEILKUNDE UND PSYCHIATRIE

(July, 1904.)

1. Comparative Psychiatry. E. KRAEPELIN.
2. The Febrile Alcoholic Delirium of Magnan. DR. ALZHEIMER.
3. On the Psychiatric Conception of "Depression" (*Verstimmung*). GAUPP.

1. *Comparative Psychiatry.*—Kraepelin has availed himself of an opportunity to study insanity at the Buitenzorg Asylum in Java. Patients of European birth there present the same clinical pictures as at home, the exceptional rarity of senile dementia being, as in other colonies, due to the character of the population. The natives use no intoxicating liquor, and so alcoholic insanities do not occur. Opium affections are not seen in Java, nor are they, according to Dr. Ellis, in Singapore, where the population is Chinese and opium eating is widespread. The common Sirih-chewing habit produces no general effects, and malaria-psychoses are not observed. Progressive paralysis and brain syphilis were not found in a single one of 370 insane natives, though there were eight such cases among fifty European insane—a difference which accords with experience in other lands. This is interesting in connection with the facts about alcohol. Dementia præcox is exceedingly frequent in the natives; manic-depressive insanity rare. States which can with more or less accuracy be called psychic epilepsy are frequent. The symptoms of insanity in the natives are not clean-cut; katatonic signs, hallucinations of hearing and systematized delusions are almost absent. Prodromal depression is slight, and terminal dementia consists in moderate confusion with dullness. Transitory frenzies are common. The often-described *Amok* and *Látah*, according to Kraepelin, are peculiar forms of the known insanities; *Látah* being an imitative-automatism with coprolalia, arising from sudden emotional excitement with complete preservation of consciousness, reminding us of hysteria.

Amok, on the other hand, is not a single affection, but includes impulsive violent acts with impaired consciousness. Some are the homicidal and suicidal acts of early katatonia, most are those of psychic epilepsy, and are connected with other signs of the epileptic dreamy state. A few cases cannot be thus accounted for; the possibility of larvated malaria attacks must be considered.

Kraepelin's conclusion is that the natives of Java show none but recognized forms of insanity, modified as the people's mental development is at a lower stage.

2. *Febrile Alcoholic Delirium of Magnan.*—Alzheimer says delirium tremens in its ordinary form figures as one of the best known mental dis-